with a safety razor blade." A special "Admission Note," attached by Dr. Williams to the "Clinical Record," describes how, after his arrival in the ambulance, he emerged "an old man suffereing from a great mental depression." Post hoc ergo propter hoc? Dr. Williams thought that Rev. Burns refused to trim his beard because he wanted to disguise himself from his friends. He at least conceded, perhaps without sufficient emphasis, that "the fact that he was brought to the General Hospital forcibly seems to have aggravated his condition very much." Rev. Burns's suicide attempts subsequently were held against him as much if not more than any of his previous actions, although they were directly the result of a committal that involved guile and force -- and was in reality anything but "voluntary." In his "Summary" Dr. Williams reiterated that Rev. Burns "attempt[ed] to commit suicide on two different occasions," but without stating the rather unusual circumstances in which the attempts were made, and insists the Rev. Burns "has to be watched." The discrepancy between Clarke in print and Clarke in practice is revealing -- and characterstic.

The war effectively cancelled plans to finally move the Toronto Asylum from its increasingly unsatisfactory urban setting to a rural site at Whitby. As discussed by J.M. Forster, then Medical Superintendent of the Toronto Asylum, the original plan had involved the establishment of a Reception Hospital in the city, which would have become the Asylum's urban clinic.[cx] In "closest touch and sympathy with the large Provincial Hospital outside" (129), it would also guarantee "the hospitalization of the whole in the fullest sense of all that this means" (129). All patients, chronic as well as acute, would enjoy the benefits of clinical practice and innovation. With the establishment of a shabby temporary Reception Hospital in May of 1914, the indefinite postponement of plans to move the Asylum with the transformation of the Whitby facility into a military hospital in 1916, and moreover the reopening of Clark's own clinic at the Toronto General Hospital in 1914, the city appears to have been left with two clinics, operating in very different contexts. While the Toronto Reception Hospital should have become, as Forster idealistically described it, the single urban clinic of a unified hospital system, the existence of Clarke's clinic and (more importantly) the continuous urban presence of the Toronto Asylum actually laid the foundations for the virtually two-tiered system that prevails today.